Eccentric Perspective: Considering Spirituality in Working with Muslim Families

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Do you think it is strange that almost one third of the 1.5 billion Muslims in the world live as minorities in non-Muslim states and there are an estimated 6 to 10 million Muslims living in the United States of America (Daneshpour & Dadras, 2014) but most mental health professionals appear to have been exposed to relatively little content on Islam during their educational careers? Did you know that Muslims in the U.S. have emigrated from more than 100 different countries over many decades but the reasons for the recent mass Muslim immigration include: (a) ethnic persecution, such as in Uganda, Somalia, Tanzania, and Kenya; (b) religious persecution, such as the Hindu-Muslim conflicts in India; (c) Islamism, such as in Iran, Sudan, and Pakistan; (d) anti-Islamism, in countries where the lives of individuals and groups are threatened by extremists; (e) war, such as in Iraq and Afghanistan; and (e) civil wars, such as in Syria and they are in desperate need for mental health services? Are you surprised that there are rich traditions for the three Abrahamic faiths of Judaism, Christianity, and Islam and all three faiths emerged in what is now known as the Middle East? Can you fathom the idea that these three religions share way more similarities than differences, and a better understanding of these religious traditions may help to reduce stress and dysfunctional behavior as related to the role of religion in marriage and family life?

Research shows that Islam is the fastest growing religion in the world and in the United States due to immigration, higher fertility rates, and conversions but there is relatively little material exists in the academic literature that would help equip therapists to engage in culturally competent practices with Muslims (Keshavarsi and Haque, 2013).

This lack of familiarity about Muslims cultural and religious values creates a challenge for Muslim families because they are hesitant to trust mental health professionals and fear that mental health professionals may not respect their cultural and spiritual values (Keshavarsi and Haque, 2013). Many Muslims believe that mental health professionals are unaware of the values embedded in their therapeutic modalities and this lack of awareness may result in the careless imposition of therapeutic strategies incongruent with Muslim's worldview (Hodge & Nadir, 2008). Inayat (2007) assessed barriers for utilizing mental health services by Muslim clients and emphasized on six factors that contribute to the underutilization of mental health services by Muslims. "These factors were (a) mistrust of service providers, (b) fear of treatment, (c) fear of racism and discrimination, (d) language barriers, (e) differences in communication, and (f) issues of culture/religion" (Keshavarsi and Haque, 2013, p. 231). Part of this underutilization is because many Western opinion makers consistently label all Muslims with words such an "aggressive", "militant," and "uncivilized". Islam is the "religion of Sword," and Muslim activists are considered "terrorist." Further, many people believe that Islamic ideology is oppressive to women, and that Muslim women have no rights. Muslim themselves, however, maintain a different worldview. Muslim see themselves as the afflicted, not the afflicters; they feel themselves desperately on the defensive, not on the offensive; they consider themselves the objects of violence, not the initiators; and they see themselves as extremely pigeonholed when it comes to the issues of women's right when women in all cultures and societies are dealing with the same relational and cultural issues. Thus, it is difficult for Muslim families, even if they desperately need help, to discuss the family's private struggles with a therapist who has limited knowledge or negative views about the

Islamic ideology and Muslim families.

It is important for family therapist willing to work with Muslim families to know that in this article spirituality is defined as set of principles, meanings, beliefs, attributions, creeds, sacred values and goals, and grace. Thus, we are not necessarily having a discourse about organized and institutional religion of Islam because we believe that while institutionalized beliefs can be influential in working with any family including Muslim families; formal doctrine of Islam may not be as salient as is a sense of personal relationship or connection with God.

It is noteworthy that the removal of spirituality from mental health practice in the U.S. has its origins in deep structural components of Western culture. According to Farber (1977–78), the reluctance to employ spirituality has its origins in the Colonial era. Several Christian sects during this time wanted to make sure that the new nation would not validate by official decree any one religion, philosophy, or other manifestation of spirituality. This perception supposedly enabled complete separation of church and state contained in the U.S. Constitution. However, interestingly enough, the two, depending on the issue and context have always been strange bedfellows. Disagreements over gay marriages, abortion, and the death penalty cause a considerable amount of tension among Americans who tend to claim the separation of church and state. Christianity and its values, intentions, convictions, and attributions, doctrines, sacred meanings and goals dominates many mental health professional perspectives and many family practitioners have been utilizing these spiritual resources in their sessions with Christian families but in working with Muslim families, they may claim that using spirituality can be biased and even unconstitutional.

We propose that the significance of using spirituality for practice with Muslim families can include the need for mental health practitioners to simply acknowledge and when appropriate, apply values, belief systems, and other culture specific criteria. This will provide mental health professionals with alternatives to bring about the desired change or coping mechanism. It is not necessarily essential that mental health professionals support client belief systems or other aspects of their spiritual beliefs, but at least they should acknowledge the belief systems as a critical point in the client's frame of reference.

We suggest that the most efficient means of working with Muslim families is for mental health professionals to become more educated about Muslim spirituality without basing it on saturated biased views and perspectives about Islam and Muslims. Mental health professionals empowered by this impartial perspective will be in a better position to learn and assist Muslim families in sustaining themselves. Furthermore, because both practicing and non-practicing Muslims are often equally judged and undervalued, mental health professionals who help reinforce respect for Muslim populations build the self-esteem of its younger family members, which will support family's ability to survive and thrive.

Similarly important is the power of education for the society at large. One approach is to promote open-mindedness by building bridges with Muslim communities beyond what is professionally required. The emphasis on knowing more about such communities should be that of learning their language, history, cultures, and the complexity of Muslim culture rather than the terrorist acts associated with any one of its members. Community action groups and youth projects, which acquaint the otherwise

unacquainted, have the potential to validate mental health practice as a helpful profession among Muslim families who might not otherwise seek services (Hall & Livingston, 2011)

It is important to remember that Muslims like many other easterners; see life as a holistic experience in which the spiritual informs all aspects of existence. Among the more commonly affirmed spiritual values are a sense of community, consensus, interdependence, self-control, complementary gender roles, implicit communication that safeguards others' opinions, and identity rooted in religion, culture, and family (Daneshpour & Dadras, 2014). Many of the family issues for Muslim families are similar to many other religious groups in this country who are more widely understood, known, and accepted. Muslim families like all other families struggle with familiar issues around division of labor, parenting, finances, juggling roles and responsibilities, communication related to dynamics of the relationship, and decision-making issues. Muslim families esteem and revere their parents and extended family members similar to many other ethnic national and international groups.

Family therapists can embrace a post-modernist, nonjudgmental, and curious stance and ask families to provide them with information about their beliefs and attitudes and be aware that Muslim families like any other group might use culture/religion as a mask for not dealing with many issues. Therefore, the best approach is a comprehensive eclectic systemic blending of many models in order to learn about the social reality of the Muslim clients, including their cultural background, ecology, and relationship with the larger systems.

An essential part of the therapist’s self-education when working with Muslims is

to understand commonly held stereotypes and prejudices regarding the American/Christian culture and be able to process that well. Equally important is the therapist's willingness to reflect about one's own stereotypic views of Islam and Muslims and decide how it will impact the process of joining and establishing rapport as well as helping families with their challenging issues.

Once practitioners have acquired an understanding of the use of spirituality of Muslims as a group, they should bear in mind the diversity among Muslim countries, genders, ages, and the differences between urban and rural, educated and uneducated, and practicing and non-practicing people. Shared characteristics should not blind practitioners to the cross cultural or individual differences that need to be sought in every client. These reminders are important because when groups are discussed, it is difficult not to subtly adopt a stereotypic approach.

In conclusion, although attitudes toward all Muslims have long been tinged with disparagement, in the U.S. there is ample evidence that the events on and after 9/11 have created a sea of change in how Muslims are perceived both globally and in the U.S. In this changed context, we do not know what the future holds for this particular group, but it is evident that there is an urgent need to learn more about their psychological, spiritual, and emotional needs in order to help them cope with life challenges more successfully (Daneshpour & Dadras, 2014).

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